



Southwest Oncology Group Data Operations Center
C/o Cancer Research And Biostatistics
1730 Minor Ave, Suite 1900
Seattle, WA 98101-1468
Patient Registration:
via WebReg at: <http://swog.org>

Southwest Oncology Group Operations Office
14980 Omicron Drive
San Antonio, TX 78245-3217
Phone: (210) 677-8808
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(24 hours a day, 7 days a week, excluding downtimes for maintenance)
or call 206-652-2267 (Mon-Fri, 6:30am-4:00pm Pacific Time, excluding holidays)

not for circulation

Southwest Oncology Group Registration Form

SWOG Study No. S 0 5 2 2	Registration Step 1	Assigned Treatment Arm 	Activation Date: Last Amended Date:
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A Phase III Trial of Bortezomib, Thalidomide, and Dexamethasone (VTD) Versus Thalidomide and Dexamethasone (TD) for Induction, Followed by Single or Tandem Autologous Transplant in Newly Diagnosed Multiple Myeloma (A BMT Study)

Patient's Name _____

SWOG Patient ID

INSTRUCTIONS: All of the information on this Registration Form and the Protocol Eligibility Section must be answered appropriately for a patient to be considered eligible for registration. This Registration Form must be entirely filled out and referred to during the registration. **Do NOT submit this form as part of the patient data.**

Caller's SWOG Roster ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IRB Approval Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
SWOG Investigator Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date Informed Consent Signed <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
SWOG Treating Institution Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Projected Start Date of Treatment <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
Date HIPAA Authorization signed: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	
<i>(Not required for non-American sites)</i>	

Please indicate how the patient answered the following questions on the consent form:

1. My blood and/or bone marrow may be kept for use in research to learn about, prevent, treat or cure cancer. <input type="checkbox"/> Yes <input type="checkbox"/> No	2. My blood and/or bone marrow may be kept for use in research about other health problems (for example: diabetes, Alzheimer's disease, or heart disease). <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Someone may contact me in the future to ask me to allow other uses of my blood and/or bone marrow. <input type="checkbox"/> Yes <input type="checkbox"/> No	4. I agree to allow my study doctor, or someone approved by my study doctor, to contact me regarding future research involving my participation in this study. <input type="checkbox"/> Yes <input type="checkbox"/> No	5. I agree to participate on S0334. <input type="checkbox"/> Yes <input type="checkbox"/> No
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Patient's Date of Birth: / /

Patient Gender: ☐ Female ☐ Male **Method of Payment:** **Patient's Ethnicity:**

Patient's Race (select all that apply):
☐ White ☐ Native Hawaiian or Other Pacific Islander ☐ American Indian or Alaska Native
☐ Black or African American ☐ Asian ☐ Unknown

If a U.S. resident: Patient Social Security Number: - - **Patient's ZIP Code:**

Country of Residence (if not USA): _____

If a resident of Canada: Social Insurance Number: - - **Postal Code:** -

Stratification Factors: ISS stage: ☐ I ☐ II ☐ III
Institutional transplant regimen *: ☐ Single autologous transplant ☐ Tandem autologous transplant

* (Note: Please indicate the standard transplant regimen for the registering institution. This may not necessarily match the transplant regimen that the patient actually receives.)



Southwest Oncology Group Registration Form Code Sheet

12/8/2004

Race code definitions:

White or Caucasian: a person having origins in any of the original peoples of Europe, Middle East, or North Africa

Black or African American: a person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa and other Pacific islands.

Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. Including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native: a person having origins in any of the original peoples of North, Central or South America, and who maintains tribal affiliations or community attachment.

Ethnicity (Spanish/Hispanic Origin) codes:

0 - Unknown

1 - No (not Spanish)

2 - Yes, Mexican

3 - Yes, Puerto Rican

4 - Yes, Cuban

5 - Yes, Central American

6 - Yes, South American

7 - Yes, Other

8 - Yes, NOS

Method of Payment codes:

01 - Private

02 - Medicare

03 - Medicare and Private

04 - Medicaid

05 - Medicaid and Medicare

07 - No insurance (self-pay)

08 - No insurance (no means)

09 - Other, specify at registration

10 - Unknown

11 - Veterans Admin

12 - Military

Other Group codes for use in the Web Registration program:

9977 - ACOSOG

9982 - CALGB

9976 - CTSU

9995 - ECOG

9979 - EPP

9984 - GOG

9996 - NCCTG

9981 - NCIC

9983 - NSABP

9997 - RTOG